# IN THE COURT OF COMMON PLEAS OF CENTRE COUNTY, PENNSYLVANIA

COMMONWEALTH OF PENNSYLVANIA :	OTN #				
v : CP-	14-CR				
: :					
(name of applicant)					
APPLICATION FOR	<u>DUI COURT</u>				
To the District Attorney of Centre County (May also be submitted to the PROBATION DEPARTMENT)					
I,, defendant in the above-captioned case, request that the District Attorney of Centre County submit said case to a judge of the Court of Common Pleas of Centre County and move that it be considered for DUI Court Disposition.					
I understand that under Rule 600 of the Pennsylvania Rules of Criminal Procedure I have a right to have my case tried within 365 days from the date of the filing of the Criminal Complaint. I hereby agree to waive this right from the date of this application until the date of receipt of written approval. If this application is rejected, I agree to waive my 365 day trial right from the date of this application until the completion of the term of court next following the date of my notice of rejection. I also understand that I have a right to be represented by an attorney.					
In furtherance of this application I am submitting the information contained in the attached questionnaire with the intent that it be used by the District Attorney of Centre County to determine my eligibility for DUI Court.					
Signature of Defendant	Date				
*Submit all application materials <u>prior to the Pre-Trial Conference Date</u> listed on your IMPORTANT NOTICE.					
To be completed by the District Attorney					
Received on:	Restitution Due				
r	Municipal Fee				
District Attorney Signature  Date  Approved Denied Reason:					

#### **INSTRUCTIONS FOR COMPLETING APPLICATION**

PERSONAL DATA

This application must be completed by the person named as the Defendant in the above-captioned case. All questions must be answered fully and truthfully. If you are uncertain of any of the answers provided, please explain. False or misleading answers may result in the denial of your Application for DUI Court as well as constitute a criminal offense.

By signing this application, you are agreeing to enter into a monthly payment contract with the Centre County Probation/Parole Department in order to satisfy the outstanding balance prior to release from Probation supervision. Payments are expected in the full amount on a monthly basis. Failure to abide by the payment contract may result in termination from the program. The Court will <u>NOT</u> accept any excuses if the balance is not paid, and you will not receive a refund.

\*This application must be submitted by the Pre-Trial Conference date listed on the <u>IMPORTANT NOTICE</u> you/your attorney received at the time of your Preliminary Hearing. Failure to submit all application materials prior to this date will disqualify you from consideration for the DUI Court program.

Upon completion, this application can be submitted to the Centre County Probation/Parole Department or forwarded to the District Attorney of Centre County, 106 East High Street, Room 302, Bellefonte, Pennsylvania, 16823.

If you would like to be considered for work release from the Centre County Correctional Facility during your period of incarceration, you must contact the Work Release Coordinator at (814) 355-6794 at least two weeks prior to going to jail. A copy of the work release application can be found at the District Attorney's website: <a href="www.centreda.org">www.centreda.org</a>. Be advised, you will be drug tested prior to work release and will not be released until a negative test result is achieved.

Name					
Current Address					
Permanent Address					
Employer's Name					
Employer's Address					
Length of Employment					
Home Telephone Number		-			
Work Telephone Number		-			
Social Security Number	 -	-			
Date of Birth	 -	-			
Place of Birth					

## **PREVIOUS ADDRESSES**

List all addresses, other th	an those set forth above, where you have resided for the past ten (10) years:
Address	
Years of Residence Address	To
Years of Residence Address	To
Years of Residence	To
CURRENT OFFENSE	oligation for DLU Court is made:
Offense(s) for which App	olication for DUI Court is made:
Other Offenses charged	
Date of Offense(s)	
Prosecuting Officer	
Your Attorney's Name	Phone #
Please answer all of the	following:
Did you submit to a bloo	d, breath or urine test to determine your blood alcohol content?
If so, what was the resul	t?
Were you involved in an	automobile accident?
If so, please describe:	

-		omobile accident, onage? If yes, plea		n other than yourself sustai	in any
PAST CRIMINAL	_ RECORD				
List <u>all</u> felony, mi	sdemeanor a	and summary offer	ses for which	you have <u>ever been <b>CHA</b></u>	RGED:
(2)	involving fe		J	ennsylvania, or e, including ARD and juver	nile
1. Offense(s)					
Place where offer	nse filed:	Court		State	
Date of dispositio	on				
Disposition of offe	ense(s):				
2. Offense(s)					
		Court			
Disposition of one	<u> </u>				
3. List additional	prior offense	es below. Use extr	a sheets if ne	cessary.	

### NOTICE TO DEFENDANT

Section 4903 of the Crimes Code provides that "A person who makes false statements under oath...is guilty of a Misdemeanor of the Second Degree (fine not exceeding \$5,000 and/or a term of imprisonment of not more than two years), if the falsification is intended to mislead a public servant in performing his official function."

### **AFFIDAVIT**

I, the undersigned, being duly sworn according to the law, depose and say that the facts stated in this application are true and correct to the best of my knowledge, information and belief, and that the statements are presented to the District Attorney of Centre County with the intent that they be used by him in the performance of his official duties and functions.

Defendant's signature	